## INSPECTION RECORD FOR ACTIVITIES UNDER STORMWATER GENERAL PERMIT NCG010000 SELF-INSPECTION RECORD FOR LAND DISTURBING ACTIVITIES PER § 113A-54.1 RESPONSE FOR EROSION CONTROL FORM 1675

| PROJECT LOCA<br>LEVEL II SUPEI                    |                 |                              |                                | TIP # COUNTY  | TIP #             |  |  |  |
|---|-----------------|------------------------------|--------------------------------|---|-------------------|--|--|--|
| CONTRACTOR  | XVISOR          |                              |                                | COUNT   |                   |  |  |  |
| ed by turbidity, see hi<br>24 hours of a rainfall | ttp://portal.nc | denr.org/c/do<br>h per 24 ho | cument_library/<br>our period. | nter discharge outfalls must be inspected at least once (twice, if on get_file?uuid=d8cf0cc2-6d8d-47e8-96e6-f769fca0cca4&groupId=38364) per seven Permittee must keep a record of inspections. Attach Multi Precipinplete daily rainfall measurement. | calendar days and |  |  |  |
|   | Day             | Date                         | Rain<br>Amt (in)               | Notes   |                   |  |  |  |
|   | M               |                              |                                |   |                   |  |  |  |
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|   | W               |                              |                                |   |                   |  |  |  |
|   | Th              |                              |                                |   |                   |  |  |  |
|   | F               |                              |                                |   |                   |  |  |  |
|   | Sat<br>Sun      |                              |                                |   |                   |  |  |  |
| ]   | Installation    | of perimete                  | 1                              | d sediment control measures   |                   |  |  |  |
| _   | 11              | <u> </u>                     | 1                              | ck in the box of the current project phase)   |                   |  |  |  |
|   |                 |                              | of existing g                  |   |                   |  |  |  |
| _   |                 |                              |                                | g of slopes or fills  |                   |  |  |  |
|   |                 |                              | ainage facili                  |   |                   |  |  |  |
| <u> </u>  |                 |                              | ction or deve                  | 1   |                   |  |  |  |
| ]   | Establishme     | ent of perm                  | anent ground                   |   |                   |  |  |  |
|   |                 | Has all                      | land distu                     | bing activity been completed? (Y/N)   |                   |  |  |  |
| I   | Has the fi      |                              |                                | ad cover been completed and established? (Y/N)  |                   |  |  |  |
|   | By this sig     |                              |                                | cordance with Part II Section B, 10 of the NCG010000 permit) curate and complete to the best of my knowledge:   |                   |  |  |  |
| C   | ert. Level      | II Supervi                   | sor                            | Cert. #   |                   |  |  |  |
| N   | CDOT Ce         | rt. Level I                  | [ Representa                   | tive Cert. #  |                   |  |  |  |

| Stormwater Discharge Outfalls (SDO) (Required to list during each inspection) |                            |   | Sheet of   |  |                        | Visible Sedimentation and Stream Turbidity |                       |  |                         |
|---|----------------------------|---|--|--|------------------------|--|-----------------------|--|-------------------------|
| Inspection<br>Date  | Sta                        | tion Number   | Corrective Action  | ns Taken   | Priority *             | Date<br>Corrected                          | **Other<br>Pollutants | ***Sediment<br>Deposited   | ****Stream<br>Clarity   |
|   |                            |   |  |  |                        |  |                       |  |                         |
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|   |                            |   |  |  |                        |  |                       |  |                         |
| * R=Routin<br>attention wi<br>days; U=U<br>needs attent<br>within 24 h        | ithin 5<br>Trgent,<br>tion | site such as oil she<br>sanitary waste, fer<br>**If Other Polluta | e of other pollutants discharging from en, discoloration, cement wastes, etilizers, or fuel or storage leakage? (Y/N) ents is marked Yes, describe extent of the corrective actions taken. | ***Is there any visible sediment of<br>wetland, buffer or adjacent prop<br>*** Contact DWQ/DLR-LQ with<br>sediment is deposited in surface v | erty? (Y/<br>iin 24 ho | N)<br>urs if visible                       | decr<br>(inc          | FIs there any<br>rease in stream<br>rease turbidit<br>nuse of a disclary | m clarity<br>ty-cloudy) |

|   | Ero   | sion & Sedimentation Control Devices She           | et (       | of                |
|---|---|--|------------|-------------------|
|   | (R  | required to list an devices that need maintenance) |            |                   |
| Inspection<br>Date                      | Station Number                              | Corrective Actions Taken                           | Priority * | Date<br>Corrected |
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| *R=Routing                              | L<br>2. needs attention within 5 days: H–Hr | gent, needs attention within 24 hours.             |            |                   |
| 11-11-11-11-11-11-11-11-11-11-11-11-11- | , needs according within 5 days, 0-01       | Sent needs acception times at nouse                |            |                   |

## RESPONSE FOR EROSION CONTROL - INSPECTOR'S DAILY REPORT SUBSTITUE FORM 1675

| Pay Item                                    | Standard/Metric Unit | Quantity                  | Comments      |  |
|---|----------------------|---------------------------|---------------|--|
| Temporary Silt Fence                        | LF M                 |                           |               |  |
| Special Sediment Control Fence              | TN/MTN LF/M          |                           |               |  |
| Temporary Mulching                          | AC HA                |                           |               |  |
| Seed - Temporary Seeding                    | LB KG                |                           |               |  |
| Fertilizer - Temporary Seeding              | TN MTN               |                           |               |  |
| Matting for Erosion Control                 | SY M <sup>2</sup>    |                           |               |  |
| Coir Fiber Mat                              | SY M <sup>2</sup>    |                           |               |  |
| Coir Fiber Baffles                          | LF M                 |                           |               |  |
| Perm. Soil Reinforcement Mat                | SY M <sup>2</sup>    |                           |               |  |
| Seeding and Mulching                        | AC HA                |                           |               |  |
| Seed - Repair Seeding                       | LB KG                |                           |               |  |
| Fertilizer - Repair Seeding                 | TN MTN               |                           |               |  |
| Seed for Supplemental Seeding               | LB KG                |                           |               |  |
| Fertilizer Topdressing                      | TN MTN               |                           |               |  |
| Response for Erosion Control                | EA EA                |                           |               |  |
| Safety/Highly Visible Fencing               | LF M                 |                           |               |  |
|   |                      |                           |               |  |
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| We agree that this is the work to be perfor | med.                 | We agree that this work w | as performed. |  |
| NCDOT Representative:                       |                      | NCDOT Representative:     |               |  |
| Prime Representative:                       |                      | Prime Representative:     |               |  |
| Date  |                      | Date                      |               |  |